

TRICARE *Europe*

COMPASS

TRICARE Europe
Unit 10310
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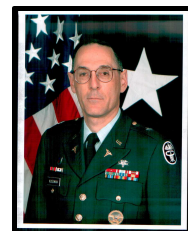
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The TRICARE Europe COMPASS is published quarterly by the office of the TRICARE Europe Lead Agent. If you have questions or concerns, or would like to see specific articles or information in the COMPASS, please contact Sue Christensen, TRICARE Europe Public Affairs Officer, at DSN 496-6315 or commercial (49)-(0)6302-67-6315 or e-mail teo.pao@sembach.af.mil. Comments, suggestions and article submissions are welcome.

General Kussman Bids Farewell to the Army and to TRICARE Europe

by Brigadier General Kussman, USA, MC
Former TRICARE Europe Lead Agent



It has been both my privilege and a challenge to serve as the first Lead Agent for the TRICARE Europe Health Services Region. The privilege part is easy to understand – I have had the opportunity to work with wonderful people who are truly professional in what they do; and I have had the opportunity to contribute to vital military missions and the medical care of the beneficiaries we support. The obvious challenges are the resourcing (money and manpower) issues we face and the seemingly endless demand for medical involvement in issues of national security interest. As I reflect, I see continued challenges ahead:

TRICARE remains a high visibility issue vital to the leadership of the military, as evidenced by the fact that it is a top concern of the Joint Chiefs this year. Such a robust and widespread program was bound to have implementation problems and frustrations. If we could turn back the clock, we might do some things differently; but this does not mean the program is bad. Compared to similar plans on the outside, TRICARE is a great insurance plan—one that most people would appreciate for its depth and breadth of coverage for the cost. I am convinced that one of the major problems with acceptance of TRICARE is the natural resistance to change. TRICARE is a critical QOL issue and now it's time for everyone to get on the bandwagon and make it work. We must continue to forge partnerships with civilian (including host nation), VA and public medical facilities to maintain the level of access expected and deserved by our beneficiaries.

While the TRICARE Europe health plan is unique and different from the CONUS based regions, the benefit plan remains the same. There is no contractor to interact with and in many ways that simplifies the process. Since the Services are still directly in charge of the MTF system, I am not sure that most of our customers have seen a significant change in the delivery of care in Europe before and after the start up of TRICARE. From my perspective, TRICARE has dramatically improved the coordination of medical requirements; and that means improved quality and more effective use of resources. Additionally, new benefits/program enhancements are being added all the time. In the past year, TRICARE Europe implemented the TFMDP-OE, thus standardizing the dental benefit with what is offered stateside (at a better cost!)

There have been major challenges in theater balancing the deployment issues with maintenance of the HMO mission. The OPTEMPO and PERSTEMPO of the past several years are placing a great strain on the people and the system--the workforce is showing signs. Readiness requirements, the foundation upon which we exist, are expanding; the challenge will be to maintain retention and enhance productivity and excellence with the continuing struggle for resources. This is not an easy task and may require major restructuring of the force...and a paradigm shift in how we do business. The transition to a more economically driven

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TRICARE Europe Welcomes New Executive Steering Committee

The TRICARE Europe Health Services Region, comprised of Europe, the Middle East, the former Soviet block countries and Africa, gained a new leader as the Army's Europe Regional Medical Command (ERMC) changed commanders in a ceremony held in Heidelberg, Germany on June 13, 2000.

Brig. Gen. Richard L. Ursone took command from Brig. Gen. (Dr.) Michael J. Kussman, who commanded ERMC and served as US Army Europe's Command Surgeon from April 1998 through June 2000. Brig. Gen. Kussman served as TRICARE Europe's Lead Agent from August 1998 through June 2000.

Brig. Gen. Ursone, whose most recent assignment was executive officer to the Army Surgeon General, is the first non-physician to command ERMC.

In addition to a new Lead Agent, the TRICARE Europe Lead Agent Organization will experience other major changes in leadership this summer. Serving on an executive committee to provide critical leadership and support to the TRICARE Program in Europe, all of the Service Command Surgeons in theater will be rotating this summer, bringing in new leadership, ideas and experiences to the medical community in this region.

On 26 June 2000, the United States Air Forces in Europe Command Surgeon at Ramstein Air Base, Germany, Brig. Gen. (Dr.) George "Peach" Taylor passed command to Colonel (Dr.) Thomas J. Loftus, former commander of the 60th Medical Group, David Grant Medical Center, and Lead Agent for Health Service Region 10 located at Travis Air Force Base, California.

Colonel (Dr.) Russell Kilpatrick, Command Surgeon for European Command (EUCOM), passed command to Captain (Dr.) Robert B. Hall, current 6th Fleet Surgeon, on 13 July.

Captain (Dr.) R. Tom Sizemore III, CINCUSNAVEUR Fleet Medical Officer based in London, passed command to Captain (Dr.) Thomas K. Burkhard, currently Commanding Officer of Naval Hospital Camp Pendleton, Calif., on 31 July 2000.

"TRICARE Europe is looking forward to working with our new Executive Steering Committee," says Colonel Debra Geiger, Executive Director of the TRICARE Europe Office at Sembach Air Base, Germany. "We had excellent support and direction from our former committee members. They took us from a fledgling organization that began supporting the European military population back in the mid-90's to a highly

coordinated team consolidating Service assets to deliver the highest quality medical care to the more than 300,000 beneficiaries in theater. The wealth of experience these individuals bring to our organization will aid us as we continue to shape the TRICARE health plan to better meet the needs of our overseas population." ■



TRICARE Europe staff say farewell to Brig Gen Peach Taylor. From the left, Lt Col Liz Robison, CAPT Maureen Hogan, Brig Gen Taylor, Col Debra Geiger (Cerha), CDR Cindy DiLorenzo and LCDR Geri Haradon.

From the Director...

**by Col Debra Geiger (Cerha), USAF
Executive Director**

It's that time again! You know, the months immediately prior to the national elections when much of what the media carries seems to be campaign coverage and "political rhetoric." I recently returned from the Washington D.C. area, and was initially delighted to be leaving the "blitz" of "political hype." But as I reflected on issues from the meetings I attended, they clearly related to national issues...which become "politicized" as (potential) policy makers debate to find platforms voters will support. Some of the changes that arise in our own TRICARE program are more understandable when you focus on national issues. For example, *based on current political imperatives, we can expect changes in the coming year that will impact retiree health plan (TRICARE) coverage.* What are the indicators of such a prediction?

- Though future statistics vary depending on your sources, our national demographics are changing—the proportion of over-65s as a percentage of our total population is growing. That makes them a powerful voting block...
- If you pick up medical journals, or even the newspaper, the 15+% increase in the cost of

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Gen Kussman Bids Farewell, continued from page 1

system, like our civilian counterparts, has created a lot of anxiety--especially in the provider realm. There is concern about a diminution of quality with increased productivity. I personally believe the two processes are not mutually incompatible. Instead of becoming defensive, I believe we need to focus our energy on how to fix the problem. Clearly, the leadership of the component commands has directed that there should be no significant decrease in services in the central region and other areas in spite of the downrange requirements. Easier said than done-- but I believe we have generally met their expectations. Nonetheless, this has placed a great strain on the force both here and back home.

I believe we have developed excellent relationships between Service MTFs in theater and have built a very good network of host nation providers. Quality of care is very good and it is delivered by a caring group of professionals; our network relationships just keep getting better. We are working well together in our TRI-Service capacities; LPMC is an excellent example of joint staffing which works well. Though cultural differences continue to exist between the Services, especially in the way we mobilize and deploy, they are not insurmountable. Under the EUCOM umbrella, we need to partner much more to meet the needs of the nation

I wish I had a crystal ball to predict the future of military health care delivery. The only thing that I am sure of is it will not be the same 5-10 years from now. I do not believe that we can continue as we are. For our highly trained system of healthcare professionals, there will always be a demand for more of your services. As you rise to meet new challenges, I leave you in the very capable hands of my successor, BG Richard Ursone, who takes command at ERMCC and assumes the role of Lead Agent on 13 June 2000.

As I bid you all farewell, I thank you for your support and friendship as we have worked together to provide a world-class health plan for our beneficiaries. ■



Col Debra Geiger (Cerha) presents a gift to BG Kussman on the occasion of his retirement in July.

PCM Breast Cancer Education Program a Success

By Maureen Sherman

Breast Health Awareness Program Coordinator

On 27-28 April, the TRICARE Europe Breast Health Awareness Program offered a provider education course to update information and skills for providers working with women's health issues and breast cancer patients. It was a day and a half long informative review of multiple aspects of female breast health problems. Originally developed by the American Medical Women's Association (AMWA), the program gives up-to-date information on performing clinical breast examinations, interpreting exam findings, determining the appropriate frequency of screening and identifying appropriate patient management and follow-up.

The workshop learning objectives were designed by the AMWA to help achieve timely and early diagnosis of breast cancer and to help provide optimal and early care for the breast cancer patient. The goal was for workshop attendees to be able to:

- Describe the risk factors for breast cancer
- Describe current mammography screening guidelines
- Describe the anatomy and physiology of the breast
- Relate survival rates to stage of the disease
- Describe breast cancer screening and detection techniques
- Perform a clinical breast exam
- Describe mammography findings
- Determine appropriate follow-up strategies for breast abnormalities
- Identify clinical indications for diagnostic and management referral
- Describe local and systemic treatments for breast cancer
- Describe the psychosocial issues in breast cancer.

The course instructors had previously attended the Master Faculty Program offered by the American Women's Medical Association and were certified as Faculty Trainers. The instructors were extremely enthusiastic and their enthusiasm was contagious. They encouraged questions during the presentations and the audience, which consisted of a radiologist, doctors, PA's, Nurses and Nurse Practitioners, became an active part of the program.

In the future, we would like to present this program on an annual basis. In this way, we can assure that all newcomers to medical facilities in the TRICARE Europe region are aware of women's health issues. We can also reiterate the importance of early detection and treatment of breast cancer. ■

Rally For A Cure Golf Tournament 2000 Earns \$\$ for Breast Cancer Foundation

By Maureen Sherman

Breast Health Awareness Program Coordinator

On 8 June 2000, I had the pleasure to assist with the Rally for a Cure Golf Tournament. This was the second time I participated in the tournament. Like last year's experience, the event was a great success. The tournament made over \$6000 for the Susan G. Komen Breast Cancer Foundation.

The response from the general population was more than remarkable. Age ranges for attendees was from about 20 to 70 years; however, we had a few younger. There were food, drinks and definitely a great deal of exercise offered. We talked with individuals of both sexes, giving instructions on breast self-examinations to persons of all ages. We answered all sorts of questions about breast cancer and breast problems. Also attending the tournament were some of the local Breast Cancer Support Group patients, hoping to be able to help others.

Nothing is as threatening for a woman as the discovery of a lump in one of her breasts. When the diagnosis of breast cancer is confirmed, her life becomes mass confusion. Once again this year it is estimated that approximately 182,000 women in the United States will be diagnosed with invasive breast cancer. Approximately 1,400 men are also expected to be diagnosed with breast cancer.

Thanks to new drugs such as Tamoxifen and Herceptin and to the new increased awareness of early detection and treatment as the foundation for success and saving lives, we finally have some good news. The Oxford University Department of Epidemiology and the Lancet Medical Journal on 19 May 2000 announced that better treatment over the last decade has slashed the breast cancer death rates in both the United States and Great Britain. It was stated that this is the first time that improvements in the treatment of any type of cancer have ever produced such a rapid fall in national death rates.

For the first time since 1986, the rate of the number of women dying from breast cancer in the United States has been predicted to decrease by approximately 20%.

We must continue to increase the awareness of the importance of early detection. The education must begin in the very young girl and continue until breast health awareness is an everyday occurrence and all women have access to state of the art and excellence in the diagnosis and treatment of breast cancer. ■



TRICARE Europe staff supports the Rally for a Cure Golf Tournament on 8 June 2000.

Pictured from left to right are Mark Judson, Jenny Huntsman, Anne Beauchamp, Maureen Sherman, Joyce Patrick, Marybeth Sandesky, Marianne Airhart and little Margaret Francis Sandesky.

Are You Using Your TRICARE Europe Health Plan Metrics?

By CDR DiLorenzo, USN
Executive Officer

Did you know that the first quarter Fiscal Year 2000 TRICARE Europe health plan metrics is available to you on the TRICARE Europe website? The metrics are available by individual MTF, as well as for the TRICARE Europe Health Plan as a whole. You can compare your MTF with others in the region and with others in your Service.

The metrics are a valuable tool to gauge if your enrollees are receiving preventive services. Ms. Huntsman, the TRICARE Europe Office program manager for the metrics, provides patient lists to each MTF identifying those enrollees who have not had preventive screenings within the recommended time frame. This allows your prevention team to target those enrollees and contact them. The TRICARE Europe health plan metrics also allow you to quickly review your patients' satisfaction with their access to your MTF, with the waiting time and with the actual care they receive.

As we continue to refine the health plan metrics for our region, we look forward to your observations, recommendations, and comments. Please feel free to address any questions or provide feedback to Ms. Jenny Huntsman at jenny.huntsman@sembach.af.mil. ■

TRICARE Europe Staff Participates In Army MSC Symposium

By CDR DiLorenzo, USN
Executive Officer

On 23 May 2000, staff from the TRICARE Europe Office participated in the yearly Army MSC European Symposium at Bad Kissingen, Germany. Col Geiger (Cerha), Executive Director of the TRICARE Europe Office, was a plenary session speaker and provided the audience of approximately 100 Army MSCs an overview of the TRICARE Overseas Program. Her presentation concentrated on the role of the MSC in the overall success of the TRICARE Overseas Program and the continued development of the TRICARE platform in the European theatre.

Other TRICARE Europe Office staff participating in the symposium included Major Dave Arose, Mr. Kurt Gustafson, Ms. Jenny Huntsman, MSgt Ron Peoples, and Ms. Uli Engel. Maj Arose and Mr. Gustafson demonstrated the Access Measurement Tool (see article for details on this tool) and identified the many benefits use of the tool will provide for the management of appointment templates. MSgt Peoples and Ms. Engle provided "Once Upon a Claim" and clarified for the attendees the claims process and how the MTF staff can work towards reducing the number of denied claims in TRICARE Europe. Ms. Huntsman gave an overview of the TRICARE Europe health plan metrics, identifying how the clinics can use this tool to ensure their enrollees are getting the preventive services they require.

For additional information on any of the presentations, please view the TRICARE Europe website. ■



Maj David Arose, Kurt Gustafson and Jenny Huntsman present at the Army European Medical Service Corps Symposium in Bad Kissingen, Germany on 23 May 2000.



Women Infants And Children (WIC) Program Comes to Europe

By CAPT Maureen Hogan, USN
WIC Program Coordinator

The WIC program, which is a Federal Grant Program, provides special supplemental food to a specific population. It is a program that we applaud, as it will improve the quality of life for our military personnel and family members.

According to the DOD WIC Plan, the TRICARE Management Activity has been designated to manage the WIC Overseas program through the regional TRICARE Offices in Europe and Pacific. The TRICARE Program Manager has formed an Integrated Program Team (IPT) comprised of representatives from each Service, selected outside agencies, and functional areas within the TRICARE Management Activity (TMA). The IPT will work collectively to address all issues regarding WIC Overseas Program implementation. Some of the challenges we will face include assessing eligibility for the program, developing a supplemental nutritional program for the participant, providing food vouchers, providing nutritional education and making referral to health care providers.

The IPT is actively identifying WIC eligible population and where they are located, developing clinical protocols and guidelines, and actively involving Defense Finance and Accounting Service (DFAS) and Department of Defense Commissary Agency (DECA) into the process. TRICARE Europe is in the process of assessing requirements for fielding a viable, effective and comprehensive program that will meet the needs of our beneficiaries now and in the future. Col Joyce Park, USAFE, CDR Paula Sexton, NAVEUR, and LTC Muriel Metcalf, ERMIC will be the Component Surgeons' POCs for this program. ■

clip and save!

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Improving ACCESS To Your Military Treatment Facility

By CDR DiLorenzo, USN
Executive Officer

Meeting the TRICARE access standards is extremely important to the overall success of the TRICARE Program. Improving access to our military treatment facilities (MTFs) is an important key in any successful endeavor to optimize the use of our MTFs. Recognizing the need to have a tool readily available to the MTFs, TRICARE Europe developed the Access Measurement Tool to help the MTFs measure their ability to meet the TRICARE access standards and the basic tenant of primary care management – continuity of care for our beneficiaries. This tool provides a means of monitoring access on a daily basis at the individual clinic level and allows for template management and adjustments for the increased efficiency of services. The tool also enables the MTFs to measure and manage the Primary Care Manager by Name concept and to review success in appointing enrollees to their assigned PCM.

The TRICARE Europe Access Measurement Tool provides you the following to better manage your appointment templates and improve your processes as required:

FUNCTIONS	
•	Schedulable entity 30 days back
•	Patient Appointment 30 days back
•	Overlay of Available Appointments to Scheduled Appointments
•	Schedulable Entity 30 days forward
•	Enrollment Numbers (PCMBN status)
•	PCM Utilization
•	Capacity Planning
•	Month by Provider Breakout
•	Month by Appointment Type breakout

GRAPHS	
•	Filtering by Appointment Type
•	Provider Level Details
•	Excel Spreadsheet Data
•	Specialty Clinics
•	PCM Clinics

The TRICARE Europe Access Measurement Tool is web-based. The tool projects a 30-day past history and a 30-day future look of appointments by individual clinics. The 30-day look (both historical and future) is from the date on which the MTF is using the tool. You can view the Access Measurement Tool by going to the TRICARE Europe Home Page at <http://webserver.europe.tricare.osd.mil> and, using the Quick Links Function, click on **Access Measurement Tool**. ■

TRICARE Europe Fall 2000 Conference

by COL (Dr.) Robert Larsen
Medical Director

The TRICARE Europe Fall Conference will be held on 18-21 September 2000 in Sonthofen, Germany. The conference should be an exciting event, highlighting the current emphasis on Optimizing the Military Health System (MHS) through Population Health Improvement. The focus will be on the Primary Care Management Team, providing the concepts and tools to optimize both clinical and business practices for success in the 21st Century. The target audience will be primary care leaders from our MTFs/Clinics throughout the TRICARE Europe area of responsibility as well as MTF commanders. In addition to regular conference events, the commanders will be participating in a business session of the TRICARE Europe Council. Each service has received the conference distribution plan and will be overseeing the process of allocating conference quotas.

As TRICARE moves into the new century, a major element of future success is the optimization of the Military Health System. To accomplish this, each military treatment facility must utilize best clinical and business practices to attract the maximum number of enrollees. Population Health Improvement (PHI) is one of the critical elements of MHS optimization, emphasizing proactive measures to improve the overall health of the enrolled population. This will result in improved military readiness as well as decreasing the overall demand for medical care in the future. Effective and efficient primary care management has been identified as a key to MHS optimization and the implementation of population health improvement principles. Primary care leaders from throughout our region will be coming together to learn new strategies for optimizing their clinic processes and to be equipped to further integrate population health principles into daily practice in their communities.

A number of speakers from CONUS have been invited, including MG Patrick Sculley, Deputy Surgeon General of the Army, CAPT John Aguilar, Senior Member, Population Health Integration Team at TMA, and Col Jon Pearce, currently stationed at Scott AFB, who has had long experience in primary care management optimization. A nationally known speaker and author, Ms. Jane Metzger, will be addressing several health systems integration topics from the civilian perspective. Other speakers will be addressing clinical practice guideline implementation as well as the new CHCS II system. There will be opportunities for breakout sessions to allow for small group interaction with many of the guest speakers. Finally, we anticipate

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TRICARE
MANAGEMENT
ACTIVITY

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JUL 10 2000

MEMORANDUM FOR OVERSEAS LEAD AGENTS

SUBJECT: Enrollment in TRICARE Prime Overseas

This letter reaffirms HA Policy Letter 97-052 and guidance contained in the TRICARE Policy Manual 6010.47-M, Chapter 12, regarding enrollment in TRICARE Overseas Prime for eligible beneficiaries other than Active Duty Service Members (ADSMs) and their families. At this time, it is important that we remain focused on delivering the full spectrum of the Prime benefit to the current enrollees, therefore TRICARE Overseas Prime enrollment will continue to be offered only to active duty members and their families.

The implementation of a TRICARE Prime benefit for active duty members and their families assigned overseas has been very successful. Enrollment reports indicate that more than 95% of eligible family members have elected to enroll. It is essential, however, that we also ensure we meet access standards for our current enrollees who are required to serve overseas. During my recent visits to the European and Pacific regions, it became evident that access standards are not being uniformly met. A Government Accounting Office team reviewing overseas care also made this observation.

We must focus our resources on supporting our current Prime enrollees, before we can consider expanding enrollment in Prime overseas to beneficiaries other than active duty and their families. In addition, contractual support would be required to expand Prime eligibility, given the absence of Managed Care Support Contracts outside of the United States. Cost implications become a factor due to the budget neutrality mandate for implementation of TRICARE, hence higher priority issues, such as providing a Prime equivalent benefit to family members accompanying their active duty sponsors to remote locations within the U.S., take precedence.

Based on the above factors, TRICARE Overseas Prime enrollment will continue to be offered only to active duty and their family members. We will continue to reassess the situation for possible policy changes. Although TRICARE Prime enrollment will not be offered to other TRICARE beneficiaries overseas, they should continue to be offered access to space available care to the maximum extent possible. As we continue to pursue optimization of Military Treatment Facilities throughout the Military Health System, I fully expect space availability overseas to increase.

My point of contact for overseas issues is Lt Col (sel) Tony Lonigro, TMA/MHSO, (703) 681-1752.

R. James T. Sears, M.D.
Executive Director

NOTE from the TRICARE Europe Executive Director: Care for retirees throughout the TRICARE Europe Region continues to be a high-emphasis item for our Lead Agent and other members of the TRICARE Europe governing body. These are families that have devoted their lives/careers to the service of our country, and for this we want to offer the opportunity for care in our military medical facilities to the greatest extent possible. Your Command Surgeons have continually supported this position and have encouraged facilities to keep improving access to care for all; this improves availability of care for retirees in the process.

Debt Collection Assistance Officer Program To Ease TRICARE Credit Hassles

DOD News Release, No. 387-00, July 6, 2000

The Department of Defense announced today a new debt collection assistance officer program to help service members, retirees and their eligible family members with TRICARE-related debt problems. For the first time, an assistance officer located at each military treatment facility (MTF) and TRICARE lead agent office, will be the single point of contact when a TRICARE beneficiary needs help with these kinds of problems.

"We do not want our service members to have the burden of resolving individual claims. They should not have to worry about negotiations with multiple agencies to settle outstanding claims, stressful notices from bill collectors and, sometimes, adverse ratings in their credit reports," said Under Secretary of Defense for Personnel and Readiness Bernard Rostker.

Identification of the assistance officers, scope of their responsibility and training will begin immediately. The new program will begin within 30 days.



Incorrect billing to service members for outstanding medical bills was a key issue at the first Military Family Forum at the Pentagon on May 31.

Once contacted by a TRICARE-eligible beneficiary, the

debt collection assistance officer will intercede with all agencies involved, including military personnel offices, the MTFs, lead agents, network and non-network providers, TRICARE Management Activity, managed care contractors, and even debt collection agencies when appropriate, to resolve a collection issue arising from a TRICARE claim.

The debt collection assistance officer will research the TRICARE claims history with the priority unit at the claims processor, and notify the beneficiary of the resolution. If appropriate, written documentation will be provided for use with national credit reporting companies in removing unwarranted adverse credit information related to TRICARE claims.

Service members in remote locations may contact any debt collection assistance officer who is convenient for them. These points of contact will be identified by the military Services prior to implementation of the program.

"Our beneficiaries value their medical care benefit, and they have told us on surveys that it is a primary reason for staying in the military," said Rostker.

"Our service members deserve assistance and relief from unwarranted collection actions resulting from unpaid medical claims."

Seeking immediate help with questions regarding their medical bills remains the TRICARE beneficiary's best defense against credit problems, according to Rostker. This type of assistance is available at local TRICARE service centers and military treatment facilities.

Beneficiaries also can call claims processors using their toll-free telephone numbers. Additional information about TRICARE claims processing can be found on the Military Health System/TRICARE Web site at: <http://www.tricare.osd.mil>.

NOTE: TRICARE Europe's Customer Support Services Division is currently working with our regional Service POCs to implement this program in theater. Watch for more information on the Debt Assistance Officer Program in future issues of the COMPASS. ■

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TRICARE Europe Conference, continued from page 6

presentations of best practices from a number of our facilities from around the theatre.

The TRICARE Europe staff looks forward to presenting this conference as we continue our commitment to making TRICARE a world-class health care plan. ■

TRICARE Dental Program Enhances Benefits on 1 Feb 2001

Dr. George Schad
Dental Program Coordinator

On 1 February 2001, United Concordia Companies, Inc. (UCCI), the dental contractor currently administering the TRICARE Family Member Dental Program -Overseas Extension (TFMDP-OE), will begin complying with new contract provisions of the military family member dental insurance program.



The new contract benefits are substantial changes which will greatly enhance what is already a very positive benefit for military members and their families. The OCONUS plan offers all of the benefits of the stateside program plus additional features that are afforded only to overseas participants. There are no cost shares in overseas locations for oral surgery, periodontics, endodontics, or most restorative procedures. In addition, the overseas family will only have to pay 50% of the total orthodontic charges. UCCI and the government will pick up the remaining charges. The following items are a listing of the changes and enhancements:

- The program will be entitled the TRICARE Dental Program – Overseas Extension (TDP-OE), dropping the words “Family Member.”
- The contractor, not military personnel offices, will be responsible for enrollment and disenrollment from the plan (specifics to be announced prior to 1 Jan 2001)
- Age limits for covered orthodontic care will increase from 19 to 21 years of age for family members and to age 23 for students in school and spouses of active duty personnel
- A toll free phone number to UCCI for Germany, Italy, and England will be available
- An increased yearly maximum benefit for non-orthodontic care from \$1000 to \$1200
- An increase in lifetime benefit for orthodontic treatment from \$1200 to \$1500
- Cost shares will drop from 40% to 30% for many dental procedures for grades E-1 to E-4 in CONUS
- In OCONUS cost shares will continue to be waived for all dental care except for the 50% cost share on orthodontics, prosthodontics, and certain restorative procedures
- The current TFMDP will be combined with the TRICARE Selected Reserve Dental Plan (TSRDP) in

both CONUS and OCONUS areas.

The TDP-OE has been set up to augment the dental care that family members currently receive cost free in military dental clinics throughout Europe. Joining the plan is an individual decision and only makes sense if your local area military dental clinic is not able to meet the dental needs of your family members. Personnel residing in remote locations throughout Europe are encouraged to join the TDP and take full advantage of its many benefits.

The TRICARE Europe Office in Sembach, Germany, and your local military dental treatment clinic are there to assist you with questions or problems that may arise with the TDP. You may contact your local clinic or call DSN 496-6358, commercial in Germany 06302-67-6358 or outside of Germany 49-6302-67-6358. E-mail at tfmdp@sembach.af.mil or george.schad@sembach.af.mil. ■

Other Dental Program News

As of 1 Aug 2000, premiums for the dental insurance plan will decrease to \$7.88 for a single beneficiary and to \$19.70 for family members. ■

TRICARE Europe Offers Toll-Free Number to Remote Site Personnel

Beginning 15 August 2000, a new toll-free telephone service will be in place so that military personnel assigned to remote locations in the European theater of operations can access TRICARE information and assistance at no cost. The new telephone number is **800-TEUROPE** or **800-838-7673**. Simply dial the in-country toll-free access number for the country from which you are calling (for example, Germany's is 0) then dial 800-TEUROPE. Hours of operation are 1200-2100 CET.

In an effort to provide better, more comprehensive support to our remote site personnel, the former TRICARE Europe Portability Center has been renamed the TRICARE Europe Centralized TRICARE Service Center (CTSC) and now supports remote site personnel throughout the theater. Individuals may contact them at the toll-free number above to receive information on the TRICARE Europe program, obtain claims processing assistance or enroll in TRICARE Europe Prime Remote.

Military personnel and their families enrolled to military medical facilities in theater will continue to contact their servicing TRICARE Service Center for assistance with authorizations, appointments, claims processing and other TRICARE concerns. ■

Public Affairs and Marketing

by Sue Christensen
Public Affairs Officer



Marketing Orders. I've received a number of enquiries about the last marketing order. The TRICARE brochures should already have been sent out by TMA. If you have not received your order, please let me know. The TRICARE magnet order is currently in production by the TRICARE Marketing Office. I do not have a delivery date as yet. TRICARE Europe Wallet Cards and PHA Packets have been ordered from a local contractor and should be distributed directly to facilities within the next few weeks. Passports are still in production but I hope to have them completed in the near future.

Information Changes. Often, the nature of the game is change as personnel move in and out of our organizations and as we grow to accommodate our missions or upgrade our technology. Please make sure to let TRICARE Europe know when you have changed critical information at your medical facility or remote location. Many of our marketing and public relations materials include TRICARE Service Center and other telephone numbers and addresses, so please make sure to keep us informed. Some military locations have changed their e-mail addresses to keep up with the latest technology – please send us your e-mail address changes so that the MTF e-mail address group can be kept up-to-date. E-mail or other changes may be sent to teo@sembach.af.mil or to teo.pao@sembach.af.mil.

New Public Affairs & Marketing Assistant.

TRICARE Europe has a new PA&M assistant, Christine Ribble. Christine was formerly TRICARE Europe's executive secretary but opted to go part time in order to spend more time with her infant son. She is an invaluable and welcome addition to the PA&M staff. She can be reached at christine.ribbon@sembach.af.mil, DSN 496-6362 or CIV (49)-(0)6302-67-6362.

New E-Mail Address for TEO Public Affairs. We have established a new, generic e-mail address for public affairs and marketing issues and questions. It is teo.pao@sembach.af.mil. Feel free to put this address in your e-mail address books instead of my or Christine's address. This way, when personnel change, you will still have your questions answered in a timely fashion.

Standard Handbooks Remember that Standard Handbooks must be ordered through your base publications distribution offices. They should be provided to each new enrollee during your newcomers' orientation programs and available at each TSC. ■

Reminder: With the heavy PCS season approaching, please ensure you have adequate, current passports and/or fact sheets available to distribute to incoming personnel. These should be distributed through newcomer orientations, welcome briefings, etc., in addition to being available in your TSCs.

From the Director, continued from page 2

prescription drugs has had an especially great impact on the over-65 population. Since Medicare does not cover prescription drugs, many legislators are looking for a way to ease this financial burden.

- Military retirees (including those over 65) have formed powerful coalitions through groups like The Retired Officers' Association (TROA), The Retired Enlisted Association (TREA), National Association of Uniformed Services (NAUS), etc. The well-publicized class action suit spearheaded by retired Medal of Honor Winner Col (ret) Bud Day focuses on the "promise" of lifetime health care for military retirees.
- Military leadership has identified this as the year for improving health care.

In a 12 May article in the *Stars & Stripes* by Chuck Vinch, headlined "House, Senate complete defense bill draft," you see where lawmakers proposed, along with other health provisions, comprehensive retail and mail order pharmacies for all beneficiaries (including Medicare eligibles). And a 6 June article in the *Air Force Times*, "Leap Forward' For Retiree Benefits," talks about the Senate's "major step" toward responding to retiree complaints by proposing to give Medicare-eligible retirees the same benefits as younger retirees. It appears reasonable to believe that *something* will be changed in the TRICARE program in the near future to provide better health care support for our retiree population, especially those over 65. Because the House and the Senate do not fully agree on what will be done, we need to watch for the compromise(s) they reach.

By staying attuned to national issues and media reports, and by following debates which occur during the electoral process, we can (1) better understand the development of our program, and (2) anticipate changes so we are prepared to implement them at the appropriate time.

Understanding of the issues is not only important to those of us who will vote, it is also an opportunity for anyone involved with the TRICARE program to see how the political process can impact revisions of our program. These changes almost always mean an improved benefit for our beneficiaries.

As my Army colleagues would say, "HOO-AH!" ■

Prime Access Routine Enrollment of Family Members E-4 and Below

TRICARE News Release No. 00-10
June 30, 2000

Beginning October 1, 2000, enrolling in TRICARE Prime will be routine for active duty family members, E-4 and below, who reside in the catchment area of a military treatment facility (MTF).

"We continually seek ways to make TRICARE better and more convenient for our beneficiaries. Enrolling our junior enlisted family members in TRICARE Prime will guarantee them priority access at the MTF, just like their active duty sponsors," said Dr. H. James T. Sears, executive director, TRICARE Management Activity (TMA).

"While the vast majority of our active duty family members, E-4 and below are already enrolled in Prime, some may not be. As we encounter these families who live in a catchment area, we will offer them the opportunity to enroll in TRICARE Prime at the MTF, guaranteed," said Sears. "We plan to identify these families when their sponsor goes through in-processing after a move or when they call the MTF to schedule an appointment for care. Unit commanders, first sergeants and others can also let us know if we have missed enrolling these families." Benefits of TRICARE Prime enrollment for family members include priority access at the MTF (after active duty members), timely access to a designated primary care manager, and no deductible fees to pay or claim forms for members to file. Equally important, there are no enrollment fees, cost-shares, or co-payments for members who enroll and receive care at the MTF. There is, however, a co-payment of \$6 for family members who enroll and receive outpatient care from a Prime network civilian provider.

Family members will be notified in writing by a managed care support contract (MCSC) representative of their pending enrollment, and receive a current provider list of available MTF primary care managers. Members can choose their own primary care manager, or decline enrollment. Family members who do not respond to the enrollment notification are enrolled in Prime and assigned a primary care manager.

Enrollment renewal occurs automatically unless the sponsor or responsible individual (i.e., an unremarried spouse, guardian, or custodial parent) declines, or is no longer eligible for TRICARE Prime. Family members can transfer their enrollment an unlimited number of times between TRICARE regions during the one-year enrollment period.

Coverage for family members who enroll before the 20th of the month begins on the first day of the

following month. Coverage for family members who enroll after the 20th of any given month begins on the first day of the second month.

"In general, we believe TRICARE Prime is the best option for these families; however, enrollment in Prime may not be the best choice for every active duty family member, E-4 and below. Some active duty family members with other primary health insurance may decide TRICARE Extra/Standard offers greater flexibility than Prime," said Sears.

Family members may terminate their enrollment at any time. Sponsors or the members must notify their regional managed care support contractor to disenroll from Prime. The choice to accept enrollment or to decline and use TRICARE Extra/Standard benefits is completely voluntary.

Additional information on TRICARE Prime enrollment is available on the Military Health System/TRICARE Web site at www.tricare.osd.mil, or by contacting your local military treatment facility Beneficiary Counseling And Assistance Coordinator (BCAC), Health Benefits Adviser (HBA), or TRICARE service center representative.

NOTE: TRICARE Europe's Customer Support Services Division is currently working with our regional Service POCs to implement this program in theater. Watch for more information on this program in future issues of the COMPASS. ■

Claims Management System (CMS)

by MSgt Ron Peoples, Acting Director, CSS

The TRICARE Europe Customer Support Services (CSS) and the Information Management Divisions have teamed up to develop the Claims Management System (CMS) on-line. CMS will be a useful tool for Health Benefits Advisors (HBAs) and other TSC staff to update the current denied claims report, review claims reconciliation information, and download active duty care authorization forms, and claims forms.

With this system, we hope to make it easier to review and transmit claims information between MTFs, the TRICARE Europe Office, and the claims processor. Planned additions to site include a metric section that will allow MTFs to compare their facilities to others in the theatre regarding denied claims for lack of care authorization.

CMS is expected to be available August 15th and does require a login identification and password. Most HBAs have already been contacted and have submitted the necessary information to obtain their logon information. Please contact the CSS Division for more information. ■

TRICARE EUROPE EXECUTIVE STEERING COMMITTEE

Brig Gen Richard Ursone (Lead Agent & Chair) . Comd Surg, USAREUR
Colonel (Dr.) Thomas J. Loftus Command Surgeon, HQ USAFE
CAPT (Dr.) Thomas K. Burkhard ... Fleet Medical Off, CINCUSNAVEUR
Col Debra Geiger (Cerha) Executive Director, TRICARE Europe
CAPT (Dr.) Richard B. Hall II..... Cmd Surgeon, HQ USEUCOM/ECMD
Col (Dr.) Cynthia TerriberlyChair, MTF Commanders Council
Col (Dr.) James Schrader Chair, Dental Advisory Committee

TRICARE EUROPE STAFF CHANGES

DEPARTURES... *This has been a busy quarter for TRICARE Europe personnel rotating back to the states or to other overseas assignments:*

SFC Sherri Mason and LTC Ana Padderatz have been reassigned to Landstuhl RMC.

SPC Bill Thaxton, Maj Dave Arose, LTC John Foley and Ninette Crunkleton have moved on to other assignments.

Kurt Gustafson departs in August for a stateside assignment.

ARRIVALS...

LTC Stephens joined us in July to take over Health Plan Analysis & IM.

1Lt Eckley arrived in July, assuming the position of Chief Info Officer.

SPC Tyson was reassigned from LRM to join our CSS team.

Deanne Haase arrived to support the Customer Services Division.

OTHER STAFF CHANGES...

LCDR Geri Haradon has moved to the position of Director, Operational Management Support

CDR Cindy DiLorenzo has moved to a new position as Executive Officer for TRICARE Europe.

TRICARE EUROPE OFFICE STAFF

Col Debra Geiger (Cerha)
VACANT
CDR Cindy DiLorenzo
SFC Darrell Kelley
COL (Dr.) Robert Larsen
CAPT Maureen Hogan
Lt Col Elizabeth Robison
Maureen Sherman
LCDR Geri Haradon
K.C. Collins
Sonny Bowen
VACANT
MSgt Ron Peoples
SPC Jason Tyson
Uli Engel
Martin Hollingworth
Deanne Haase
LTC Beatrice Stephens
1Lt Derrick Eckley
Terry Taylor
Kurt Gustafson
Huntsman
Mark Judson
Daryl Kanter
Sue Christensen
Christine Ribble
Dr George Schad
Anne Beauchamp

Executive Director
Executive Secretary
Executive Officer
Superintendent, Admin Services
Medical Director
WIC Program Manager
Chief, Population Health
Breast Health Program Coordinator
Director, Operational Mgmt Support
Budget Officer
Contracting Officer
Director, Customer Support Svcs
Deputy Director, Customer Services
Customer Support Services
Customer Support Services
Customer Support Services
Customer Support Services
Director, Health Plan Analysis & IM
Chief Information Officer
LAN Administrator
Web Administrators Jenny
Data Analyst
Data Analyst
Data Analysts
Director, Public Affairs & Marketing
PA&M Assistant
Dental Program Coordinator
Dental Program Assistant



TRICARE EUROPE
UNIT 10310
SEMBACH AB, GERMANY
APO AE 09136-0005

OFFICIAL BUSINESS

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ADDRESSEE: Please e-mail address corrections/updates to TRICARE Europe at teo.pao@sembach.af.mil